



MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2		1				52						
3		1				53						
4		1				54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9		1				59						
10		1				60						
11		1				61						
12		1				62						
13		1				63						
14		1				64						
15		1				65						
16		1				66						
17		1				67						
18		1				68						
19		1				69						
20		1				70						
21		1				71						
22		1				72						
23		1				73						
24		4				74						
25		2				75						
26		1				76						
27		1				77						
28		1				78						
29		1				79						
30		1				80						
31		1				81						
32		1				82						
33		1				83						
34		1				84						
35		1				85						
36		1				86						
37		1				87						
38		1				88						
39		1				89						
40		1				90						
41		1				91						
42		1				92						
43		1				93						
44		1				94						
45		1				95						
46		1				96						
47		1				97						
48		1				98						
49		1				99						
50		1				100						
TOTAL IND.	3					TOTAL IND.						
TOTAL DEP.	40					TOTAL DEP.						
TOTAL CLAIMS	43					TOTAL CLAIMS						

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